

Name
in
Full

Martha H Bevans

122
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>78</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North Carolina</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
M <i>or Widowed</i>	Name of Wife or Husband <i>Joshua Bevans (decd)</i>				
Father's Name <i>William Sturgis</i>	Father's Birthplace <i>Worcester Co Md</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>South Carolina</i>				
Name of person giving Information <i>Everet Bevans</i>	How related to deceased <i>Step Son</i>				

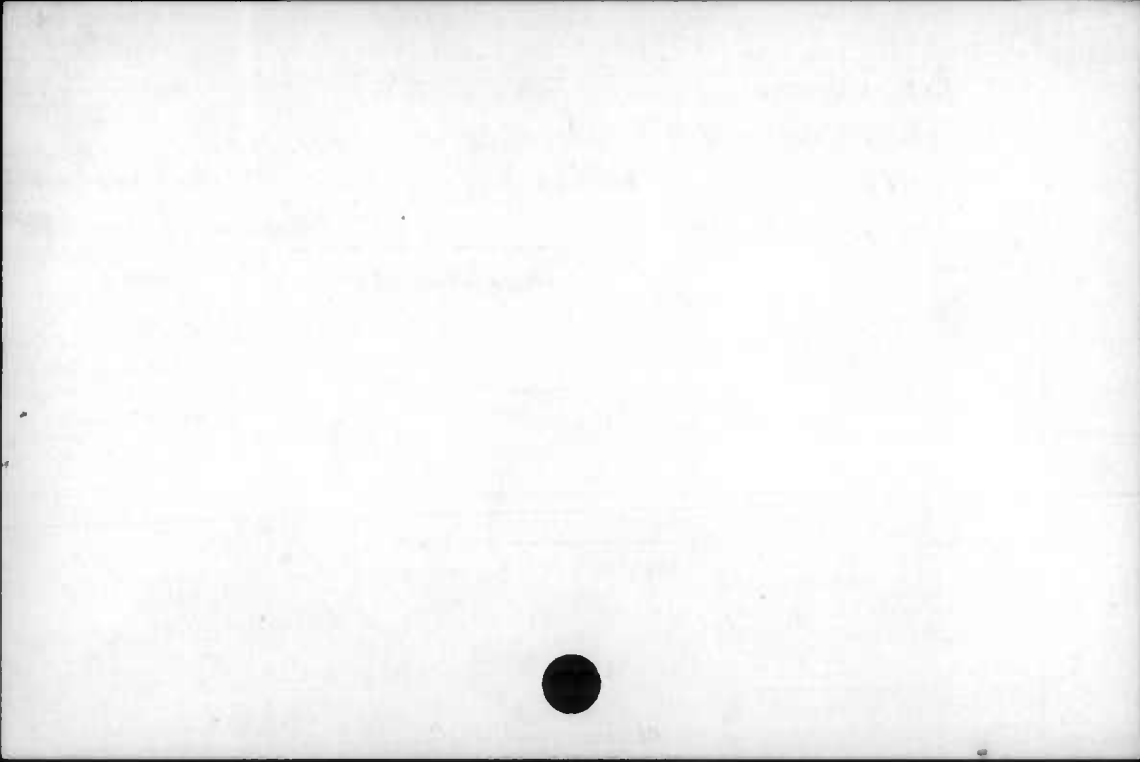
CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary <i>Cancer of mouth, buccal region of right side, extended to</i>	How long <i>3 years</i>
Immediate <i>Failure of Vital Forces</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J J Leoster</i>
	Address <i>Pocomoke Md</i>

Is this a Suicide?



Name
in
Full123
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

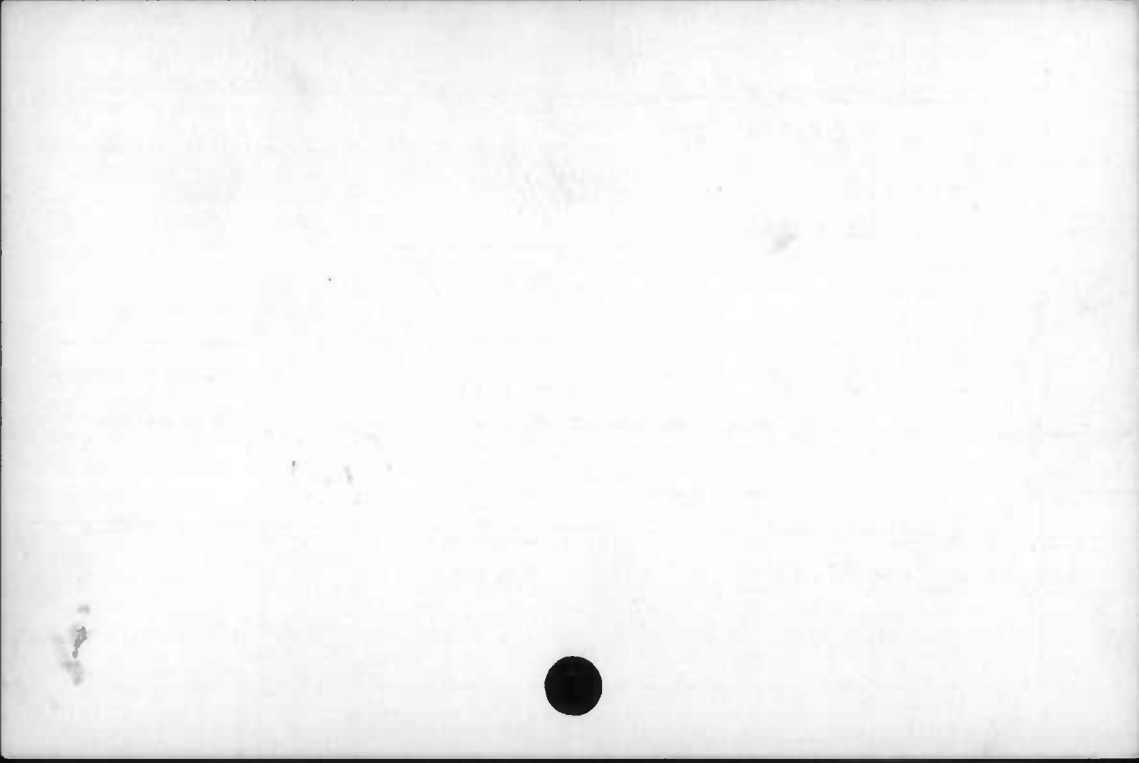
Died at <i>Geordelia Boston</i> <small>Town</small> <i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>September</i> <small>Day</small> <i>23</i> <small>Years</small> <i>62</i>	Age <i>62</i>		<small>Months</small> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i> <i>Coloma</i>	Birth-place <i>in some Southern State</i>	
Occupation <i>House wife</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, <i>Yes</i>	Name of Wife or Husband <i>Smith Boston</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving Information <i>Smith Boston</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Cancer of the breast or mammary</i> <small>How long</small> <i>8 months</i>	
Immediate <i>Failure of vital forces</i> <small>How long</small> <i>3 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>97 Coaster</i>
	Address <i>Pocomoke by Tid</i>
Accident or Suicide? <i>No</i>	<i>I was not the Physician</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

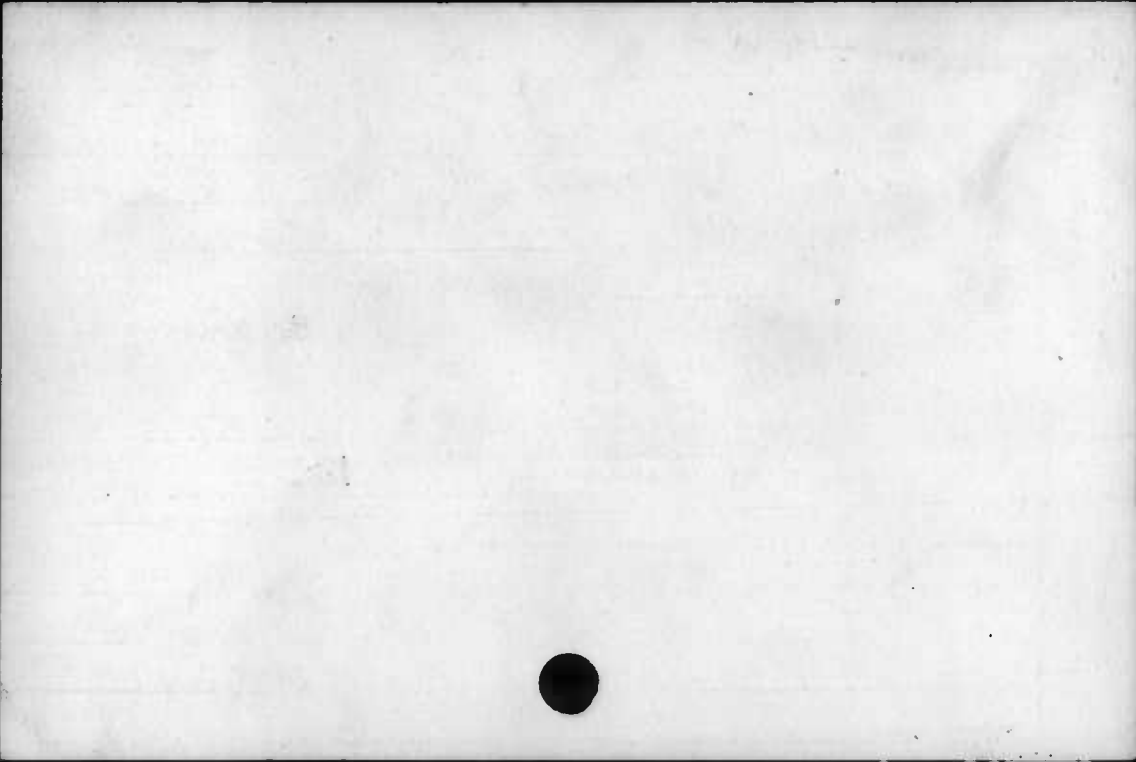
Name in Full <i>Samuel Primmer</i>		Town <i>Box Iron</i>		County <i>Hancock</i>		MARYLAND	
Died at <i>Box Iron</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>12</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Box Iron</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Samuel E. Primmer</i>		Father's Birthplace <i>Berlin</i>					
Mother's Maiden Name <i>Lillie M. Richardson</i>		Mother's Birthplace <i>Box Iron</i>					
Name of person giving information <i>Sam E. Primmer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Improper feeding</i>	How long <i>12 days</i>
Immediate <i>Diarrhoea Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

Name *Mary Brunningham* Town *Snow Hill* County *Norchester* MARYLAND

Died at *Snow Hill*

Date of death 190*8* Month *Sept* Day *22* Age *0* Years Months *11* Days *26*

Sex *female* Color or Race *white* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband *—*

Father's
Name

Levin Brunningham

Father's
Birthplace

Southham

Mother's
Maiden Name

Elija Haddock

Mother's
Birthplace

Ind.

Name of person giving
Information

Elija Brunningham

How related
to deceased

Brother

CAUSES OF DEATH

92

Primary

Pneumonia

How long

3 days

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Paul Jones

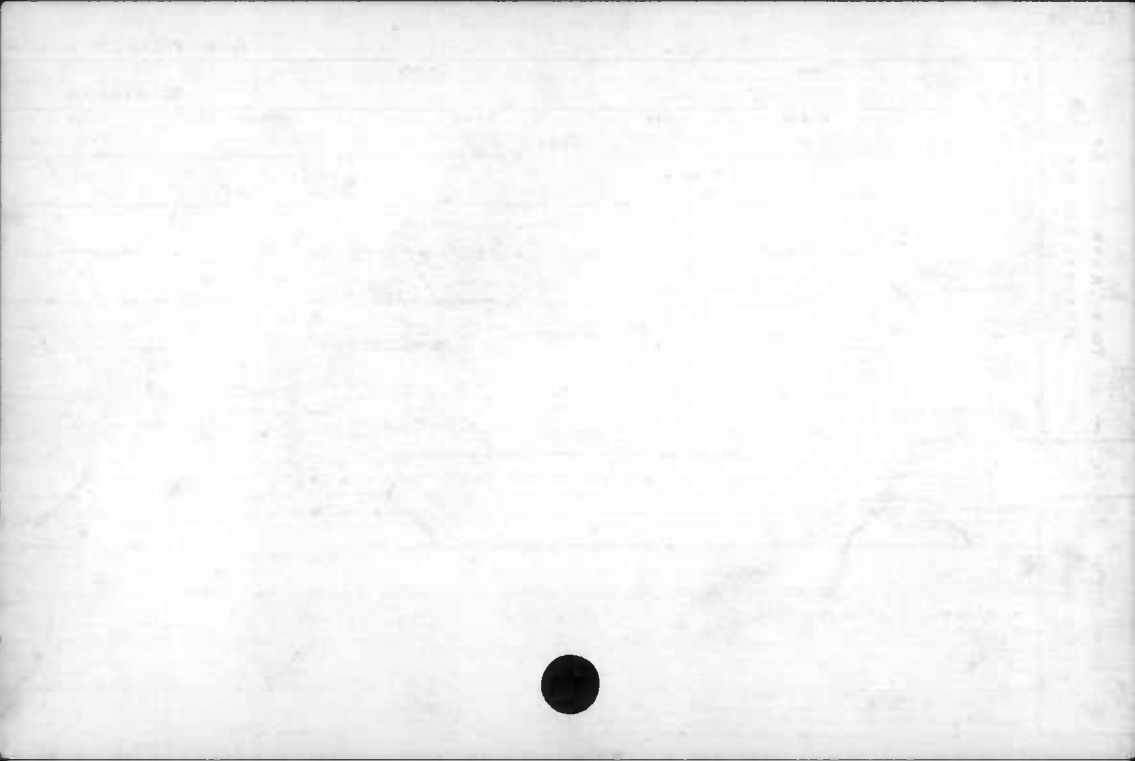
Address

Snow Hill Ind

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER
A.P.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

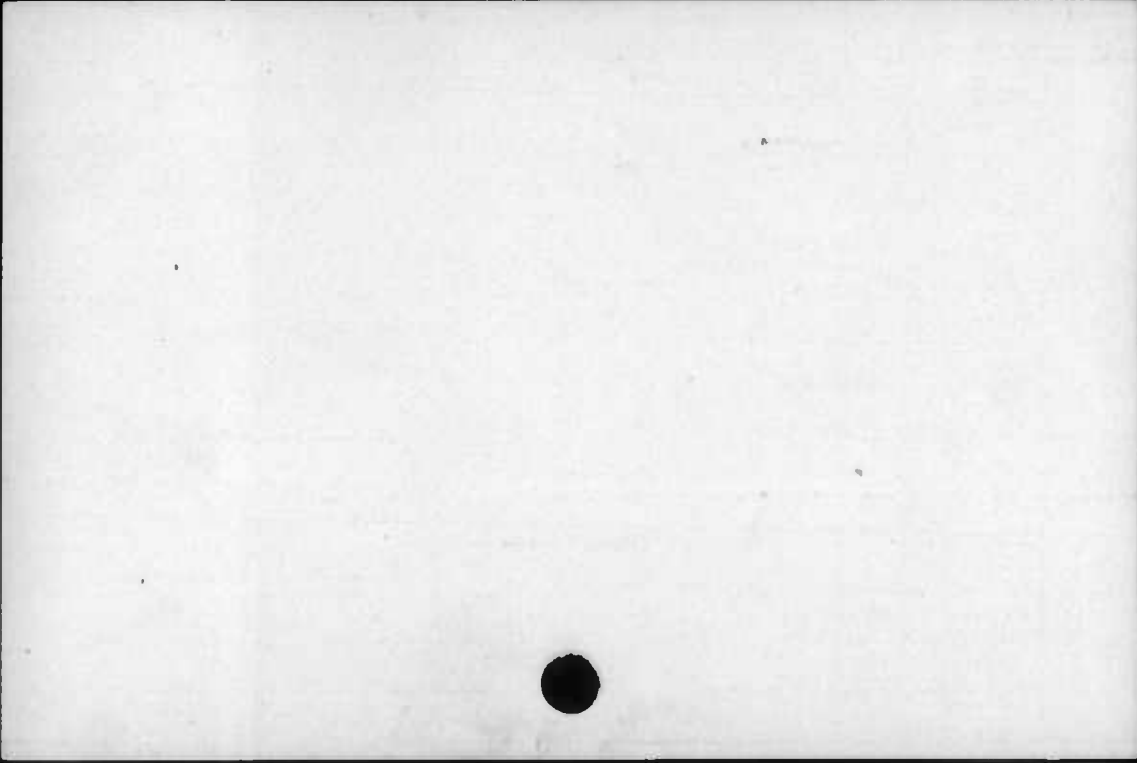
Died at <i>Snout Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1908	Month	Sept	Day	28
Age	33	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	Coole	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Morris Johnson</i>			
Father's Name	<i>Robert Collins</i>			Father's Birthplace	Maryland
Mother's Maiden Name	<i>about now</i>			Mother's Birthplace	Unknown
Name of person giving information	<i>Wm. J. Robins</i>			How related to deceased	None

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Childbirth</i>	How long	
Immediate	<i>Purpura septic</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>John L. Riley</i>	
Address		<i>Snout Hill</i>	
Accident or Suicide?		<i>Maryland.</i>	



Name
in
Full

William Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

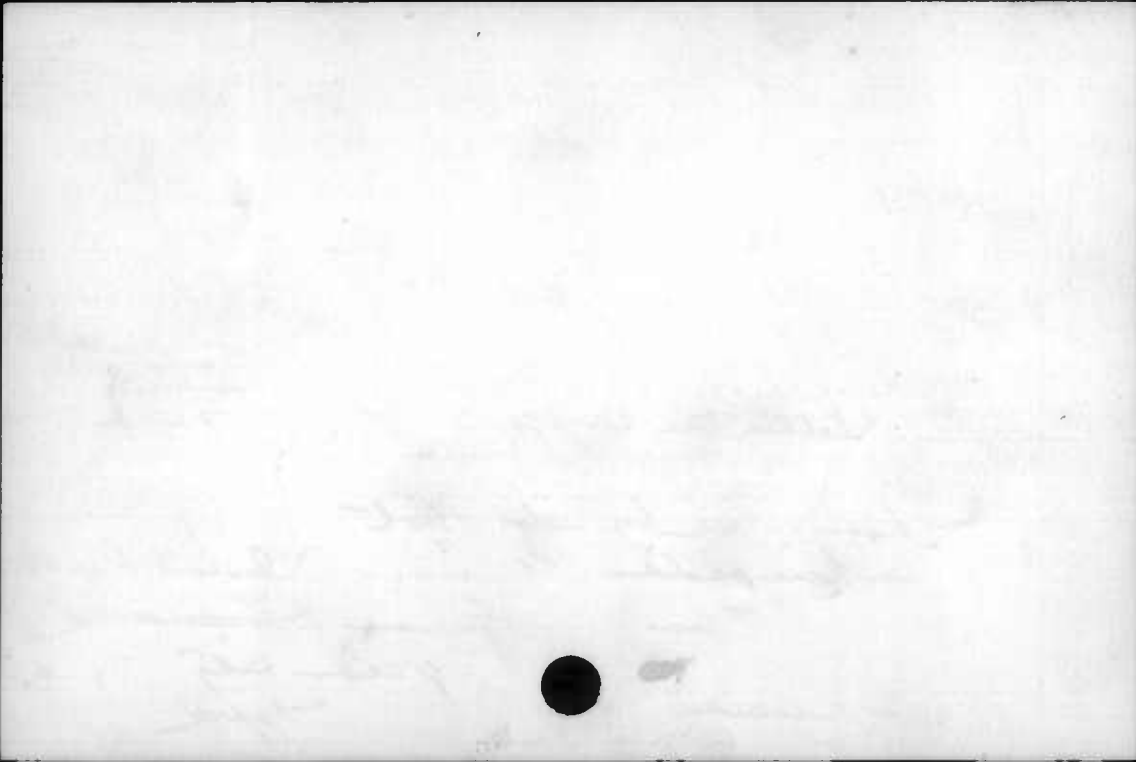
Died at <i>Stockton</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>Sept.</i> ^{Day}	<i>29</i> ^{Years}	<i>80</i> ^{Months}	<i>3</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Elizabeth Ann Ballard</i>	
Father's Name	<i>W. S. B. Cottman</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Elizabeth Handy</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>W. S. B. Cottman</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>18 mos.</i>
Immediate	<i>Apoplexy</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Jas. D. Dickerson M.D.</i>	
		Address	
		<i>Stockton, Worcester Co.</i>	
Accident or Suicide?			



Name
in
Full

Calvin S. Cropper

CERTIFICATE OF DEATH

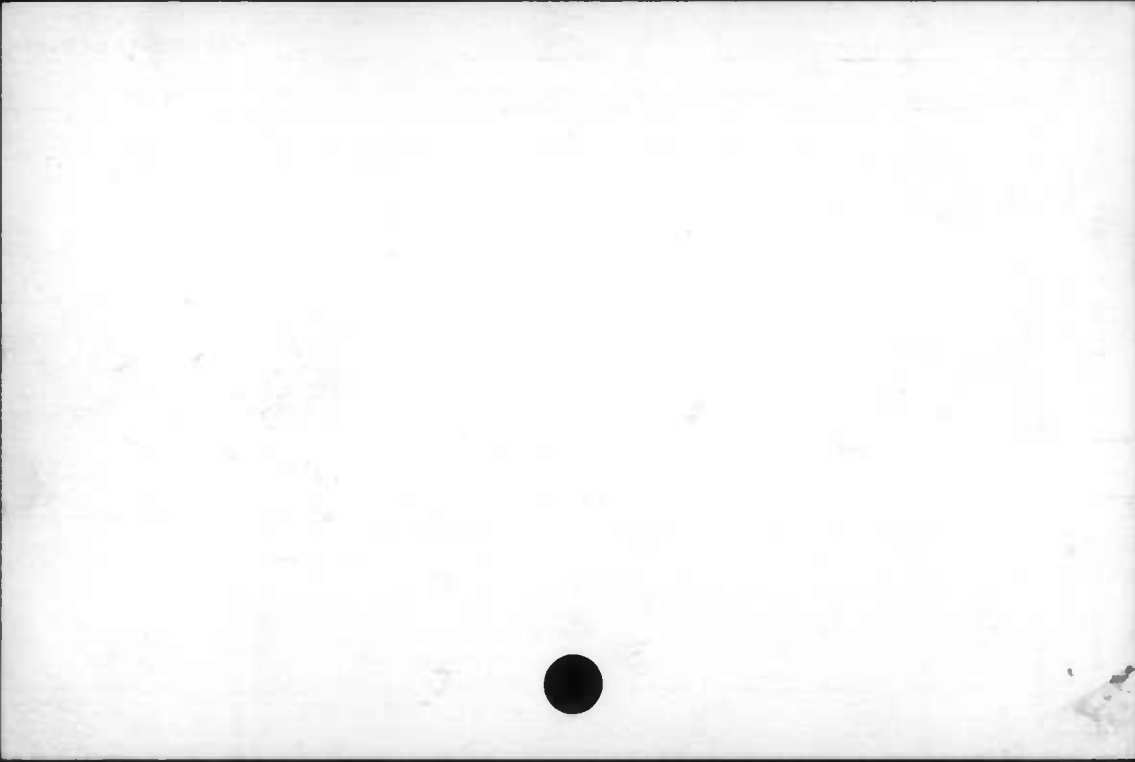
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i>		Town <i>Marcester</i>		County		MARYLAND	
Date of death	1908	Month	9	Day	12	Age	21
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>near Ocean City Md.</i>		Months	
Occupation <i>Engineer</i>		Where Residing If not at place of death <i>Ocean City Md.</i>		Years		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Name <i>Thomas J. Cropper</i>		Father's Birthplace <i>Near Berlin Md.</i>	
Mother's Maiden Name <i>Sallie M. Hastings</i>		Name of person giving Information <i>Sallie M. Cropper</i>		Mother's Birthplace <i>Near Berlin</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Suicide by pistol shot</i>	How long	<i>159</i>
Immediate	<i>Suicide</i>	How long	<i>Instant Death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Francis J. Townsend</i>	
Address <i>Ocean City</i>		Address <i>Ocean City</i>	
Accident or Suicide <i>Suicide</i>		Signature of Coroner <i>John H. Mumford Jr.</i>	



Name
in
Full

No name

Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke <small>Town</small>		Worcester <small>County</small>		MARYLAND	
Date of death 1908	Month Sept.	Day 24	Age 1	Months 6	Days 6
Sex Male	Color or Race Colored		Birth-place Pocomoke		
Occupation			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Deant Kuser			Father's Birthplace		
Mother's Maiden Name Emma Dennis			Mother's Birthplace Pocomoke Md		
Name of person giving Information George Franklin			How related to deceased new		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Deant Kuser	How long
Immediate	Indigestion	How long day
Are the name, age, sex, color, date and place correctly given above? 74		Signature of Physician F. H. P. G. Murphy M.D.
		Address Pocomoke Md.
Accident or Suicide?		



Name
in
Full

Mary A. Gault

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		<u>Nov</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>26</u>	Age <u>72</u>	Years	Months
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Near Shorthill</u>	
Occupation <u>None</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Archabal, Gault</u>			
Father's Name <u>John W. Fitzhugh</u>			Father's Birthplace <u>Near Shorthill</u>		
Mother's Maiden Name <u>Dora Snow</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving Information <u>Neice Elize Fitzhugh</u>			How related to deceased <u>Niece</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis (Pulmonary)</u>	How long	<u>Don't know</u>
Immediate	<u>Hemorrhage & Suffocation.</u>	How long	<u>One hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. P. Henry</u>	
<u>Yes.</u>		Address <u>Berlin</u>	
Accident or Suicide		<u>Mayland</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

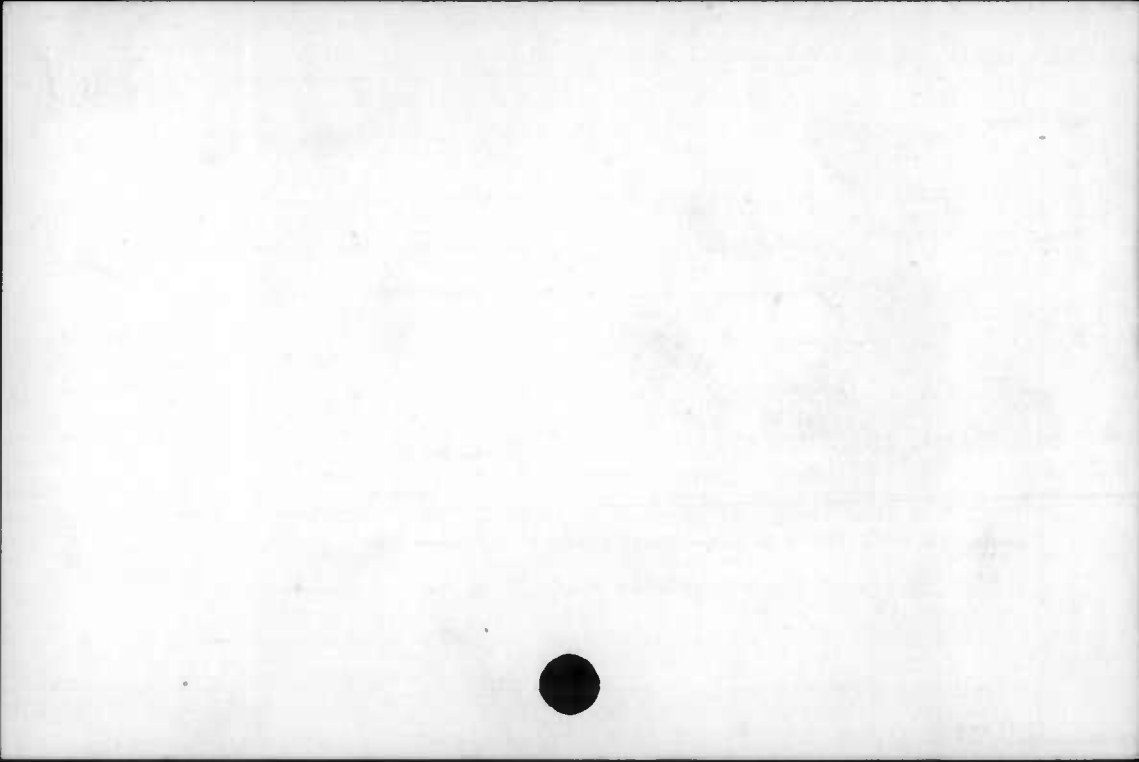
Name *John Henry Ginn* Town *Pennsboro City* County *Worcester*
 Died at *Pennsboro City* *Worcester* MARYLAND
 Date of death *1908* *Sept* *3* Age *59* Years Months Days
 Sex *Male* Color or Race *Colored* Birth-place *Md.*
 Occupation *Sabrer* Where Residing if not at place of death *✓*
 Married, Single or Widowed *Married* Name of Wife - *Frances Ginn*
 Father's Name *John Ginn* Father's Birthplace *Unknown*
 Mother's Maiden Name *Frances Adelle* Mother's Birthplace *Pa*
 Name of person giving Information *Edna Ginn* How related to deceased *Son*

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary *Overcome by heat* How long *20 days*
 Immediate *Cyphoscoliosis* How long *1 wk*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *J. Wilson* Address *Pennsboro City*
 Accident or Suicide? *✓*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

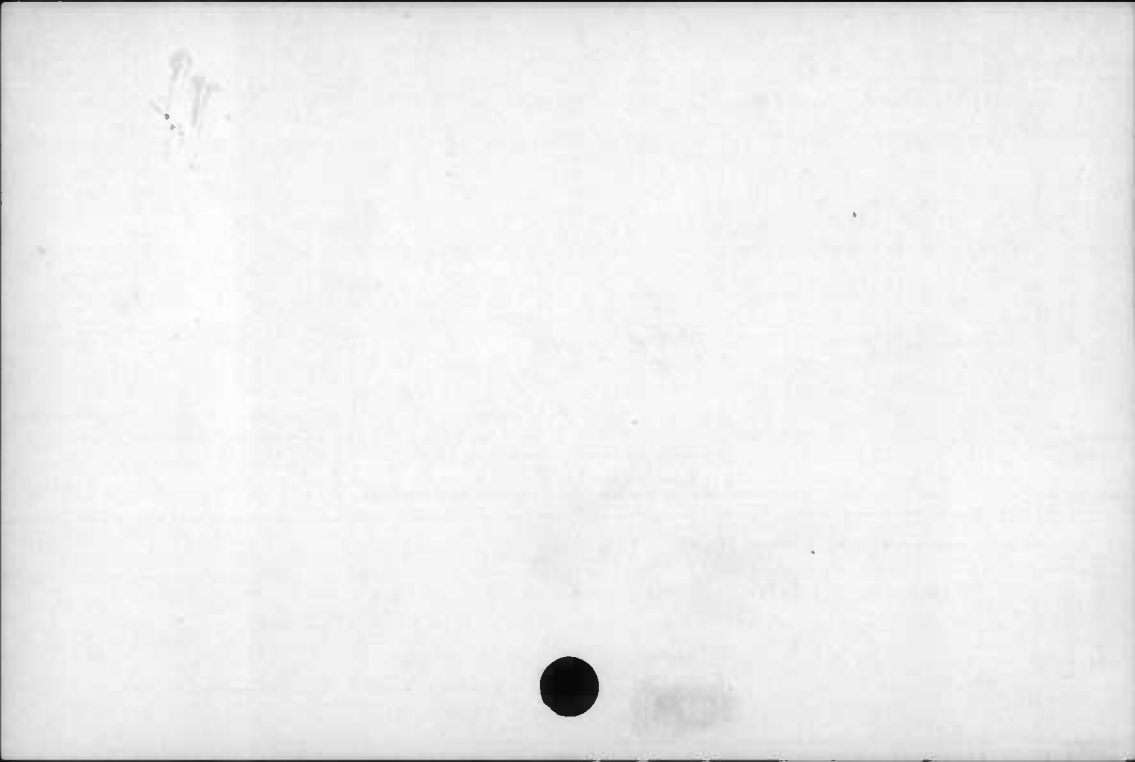
Died at <i>Street</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> ^{Month}	<i>5</i> ^{Day}	Age <i>47</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sydney Cottman</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>William Cottman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>3 weeks</i>
Immediate <i>Uremia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. S. Dickerson</i>
	Address <i>Street Worcester</i>
Accident or Suicide?	



Name
in
Full

Colonel

Werner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Bishop R. H. D. #1</i>		Town <i>Worcester</i>		County	
Date of death <i>1908 Sept</i>		Month	Day <i>2nd</i>	Years <i>69</i>	Age
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>	
Occupation <i>Work in Pension Office</i>		Where Residing if not at place of death <i>Bishop R. H. D. #1</i>			
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Thomas Savage</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart failure</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Rob Collins</i>
<i>Yes</i>	Address <i>Brinsford Ma</i>
Accident or Suicide?	

His Residence was in
Washington D C

Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i>		Town <i>Hutchinson</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>9</i>	Day <i>3</i>	Age <i>✓</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Raymond J. Hutchins</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Juney M. Ward.</i>		Mother's Birthplace <i>Md.</i>		How related to deceased			
Name of person giving information							

CAUSES OF DEATH

Primary

How long

Immediate

How long

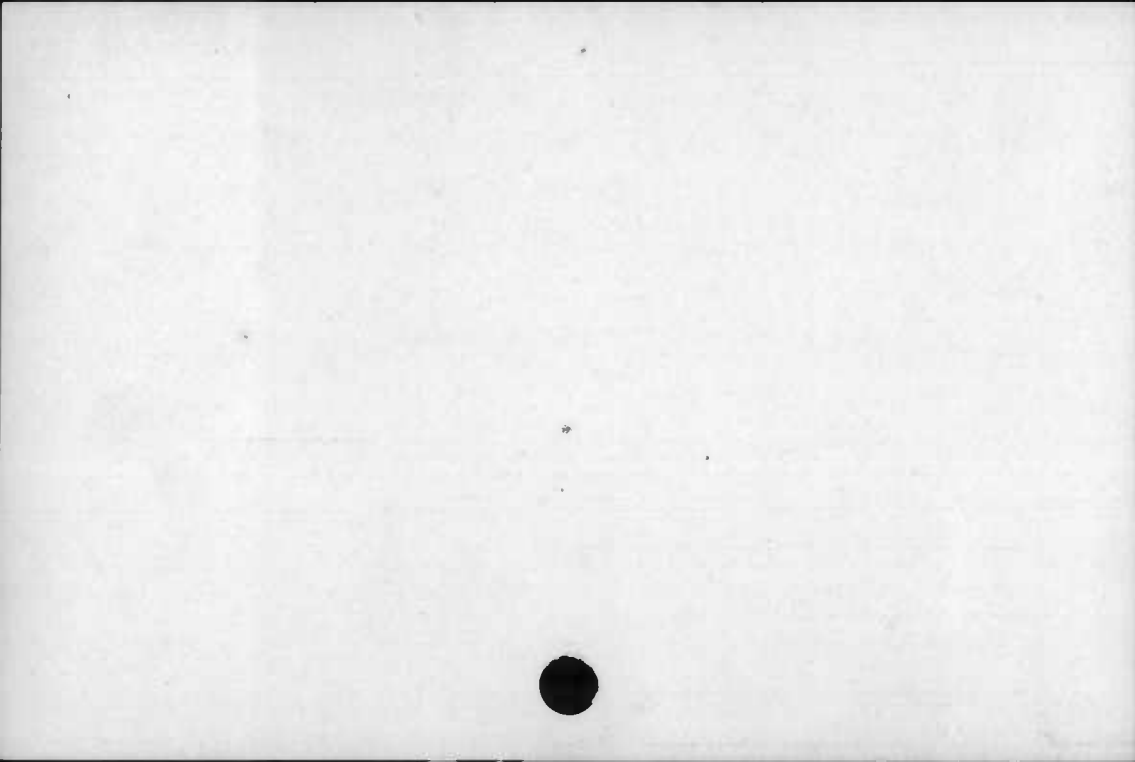
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Russell Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

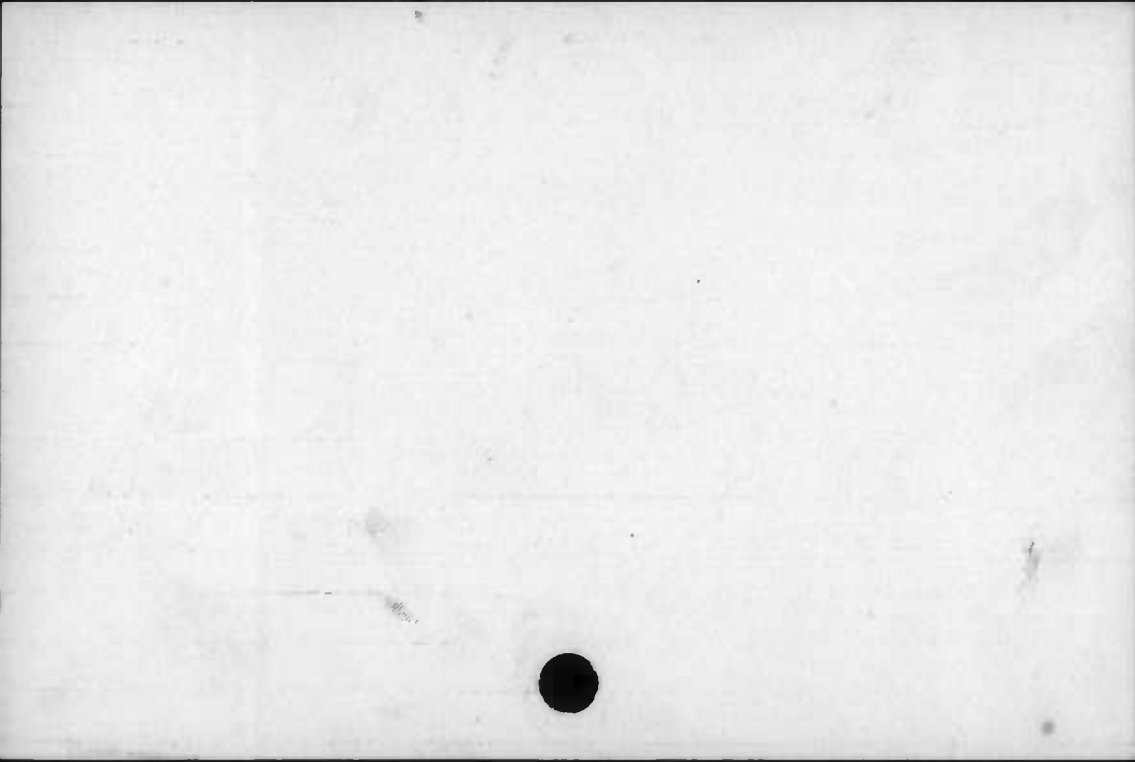
Died at <i>Mar</i> <i>Snow Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sept.</i>	Day	<i>5</i>
Age	<i>5</i>	Years	<i>2</i>	Months	<i>21</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind.</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name	<i>R. Holloway</i>			Father's Birthplace	<i>Wicomes & Md</i>
Mother's Maiden Name	<i>Emma Riley</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>R. Holloway</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Indigestion from built</i>	How long	<i>from built</i>
Immediate	<i>Exhaustion Inanition</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Paul Jones</i>
		Address	<i>Snow Hill</i>
			<i>Ind.</i>
Accident or Suicide?	<i>7</i>		



Name
in
Full

Adell Holmes

121

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Frederick City* Town*Thurston* CountyDate
of death 1908

Month 9

Day 15

Age

Years 22

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*T.G.*

Occupation

*Dementia*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*✓*Father's
Name*Levin Holmes*Father's
Birthplace*T.G.*Mother's
Maiden Name*Ann Dorrington*Mother's
Birthplace*T.G.*Name of person giving
Information*Levin Holmes*How related
to deceased*Brother*

CAUSES OF DEATH

138

Primary

Profound Convulsions

How long

8 hours

Immediate

Sudden collapse

How long

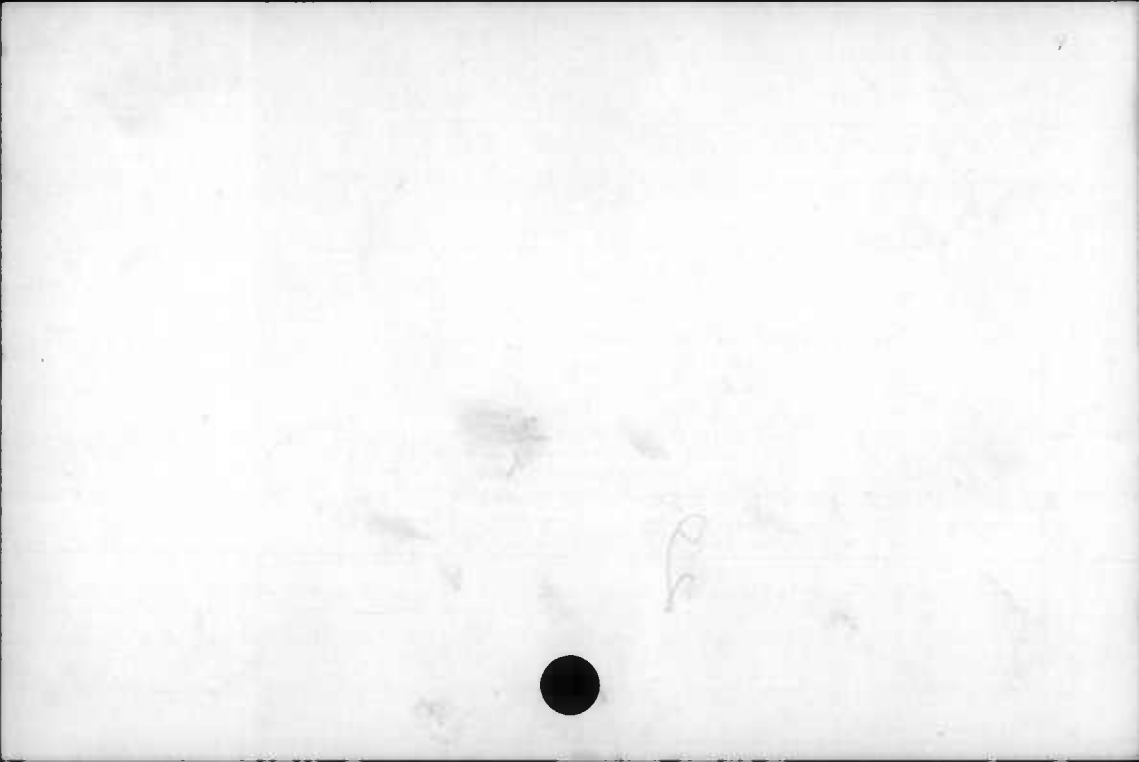
*Immediate*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. M. Wilson**Frederick City*

Accident or Suicide?

✓



Name
in
Full

Elijah M. Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

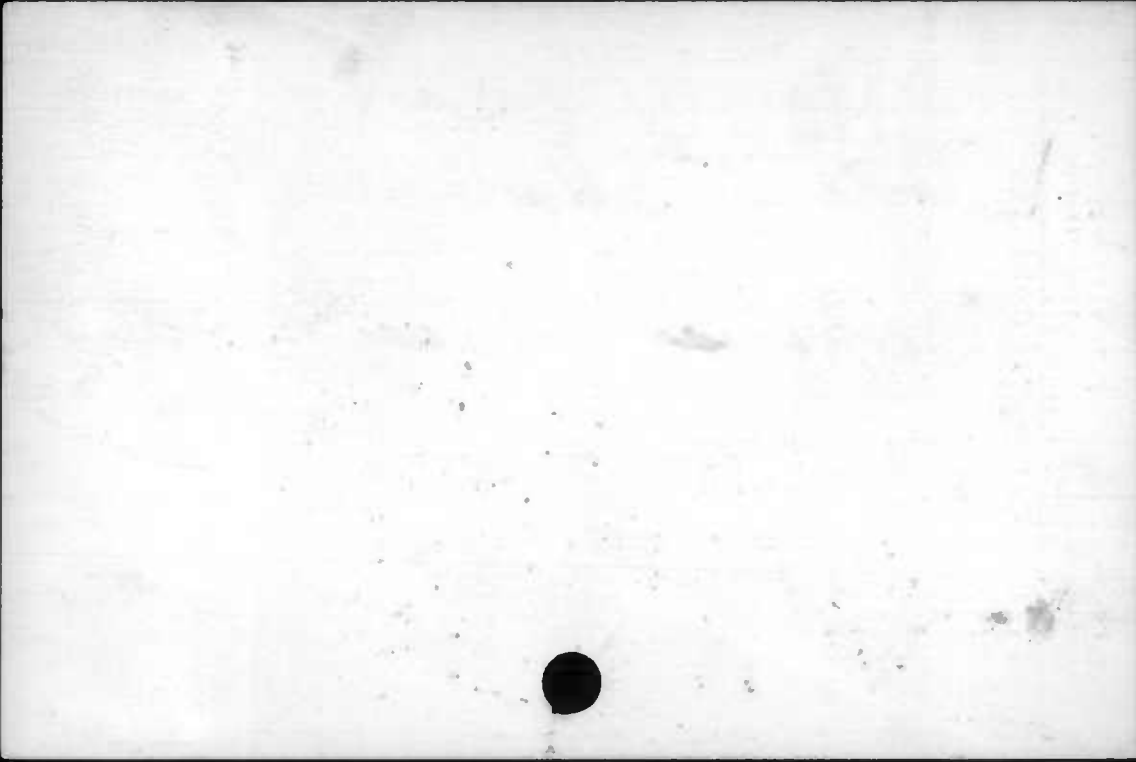
Died at **Ocean City** **Norwood** **MARYLAND**
 Town County
 Date of death 1908 **9** **27** **9** **9**
 Month Day Years Months Days
 Sex **Male** Color or Race **White** Birth-place **Stearns**
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed **Elijah M.** Name of Wife or Husband **Mary C. Hutchinson**
 Father's Name **Hutchinson** Father's Birthplace **Dogland**
 Mother's Maiden Name **Mary C. Hutchinson** Mother's Birthplace **Dogland**
 Name of person giving Information **Elijah M. Hutchinson** How related to deceased **father**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Typhoid fever** How long **4 weeks**
 Immediate **Perforation** How long **2 days**
 Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **W. J. H. H. H.**
 Address **Berlin**
 Accident or Suicide **No**



Name
in
Full

William S. Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Berlin Town Worcester County MARYLANDDate of death 1904 Sept Month 12 Day 21 Age 21 Years Months DaysSex male Color or Race White Birth-place MarylandOccupation Work & more Where Realding if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Edward B. JacobsFather's Birthplace MarylandMother's Maiden Name Margaret SelbyMother's Birthplace Philadelphia PaName of person giving Information E. B. JacobsHow related to deceased Father

CAUSES OF DEATH

Primary Typhoid Fever

How long

Immediate Typhoid Fever

How long

5 weeks

Are the name, age, sex, color, data and place correctly given above?

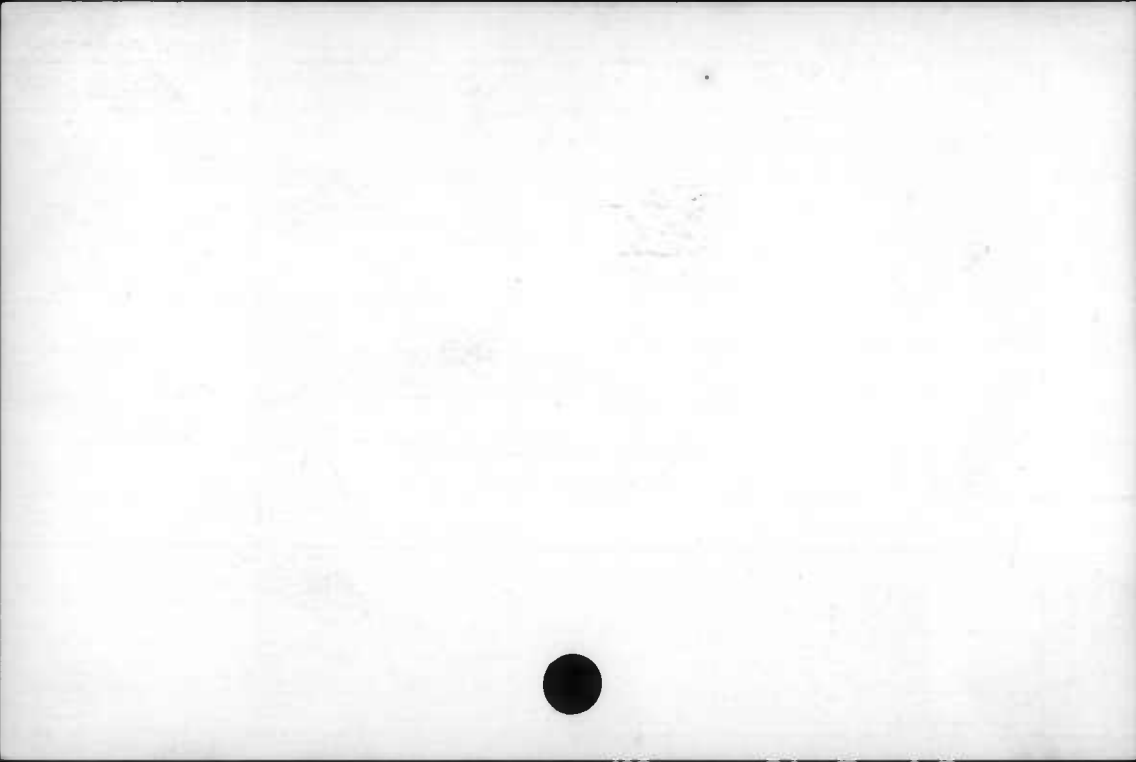
yes

Signature of Physician

Address

Mary Pitts
Berlin, MdPHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
190 <i>8</i>	<i>Sept</i>	<i>7</i>	<i>3</i>	<i>3 mo</i>	<i>19</i>
Sex	Color or Race		Birthplace		
<i>Female</i>	<i>Colored</i>		<i>Snow Hill, Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>No</i>					
Father's Name			Father's Birthplace		
<i>Geo. H. Long</i>			<i>ac. Va</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Marj. B. Hornum</i>			<i>Snow Hill, Md.</i>		
Name of person giving Information			How related to deceased		
<i>Marj. B. Long</i>			<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know always sickly</i>	How long	<i>(179)</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>M. Physician</i>	
		Address	
		<i>O.K. Paul Jones</i>	
		<i>Snow Hill, Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Mason

Died at

Town

Stucklin

County

Worcester

MARYLAND

Date

of death 1908

Month

Sept

Day

12

Age

Years

0

Months

4

Days

0

Sex

Female

Color or
Race

White

Birth-
place

M.W.

Occupation

none

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Peter Mason

Father's
Birthplace

M.W.

Mother's
Maiden Name

Annie Payne

Mother's
Birthplace

M.W.

Name of person giving
Information

Peter Mason

How related
to deceased.

Father

CAUSES OF DEATH

105

Primary

Indigestion

How long

2 months

Immediate

Cholera infantum

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

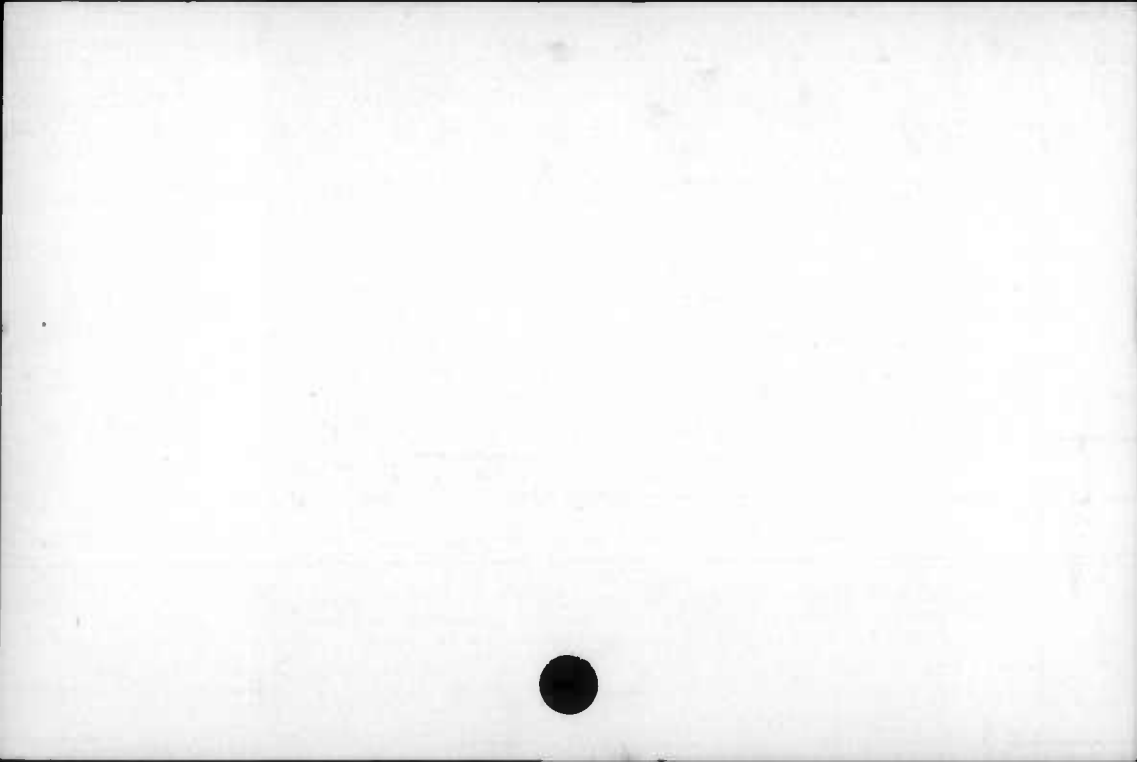
John D. Fisher, M.D.

Stucklin, MD

Worcester, MS

Accident or Suicide?

2



Name
in
Full

Henry Clay Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

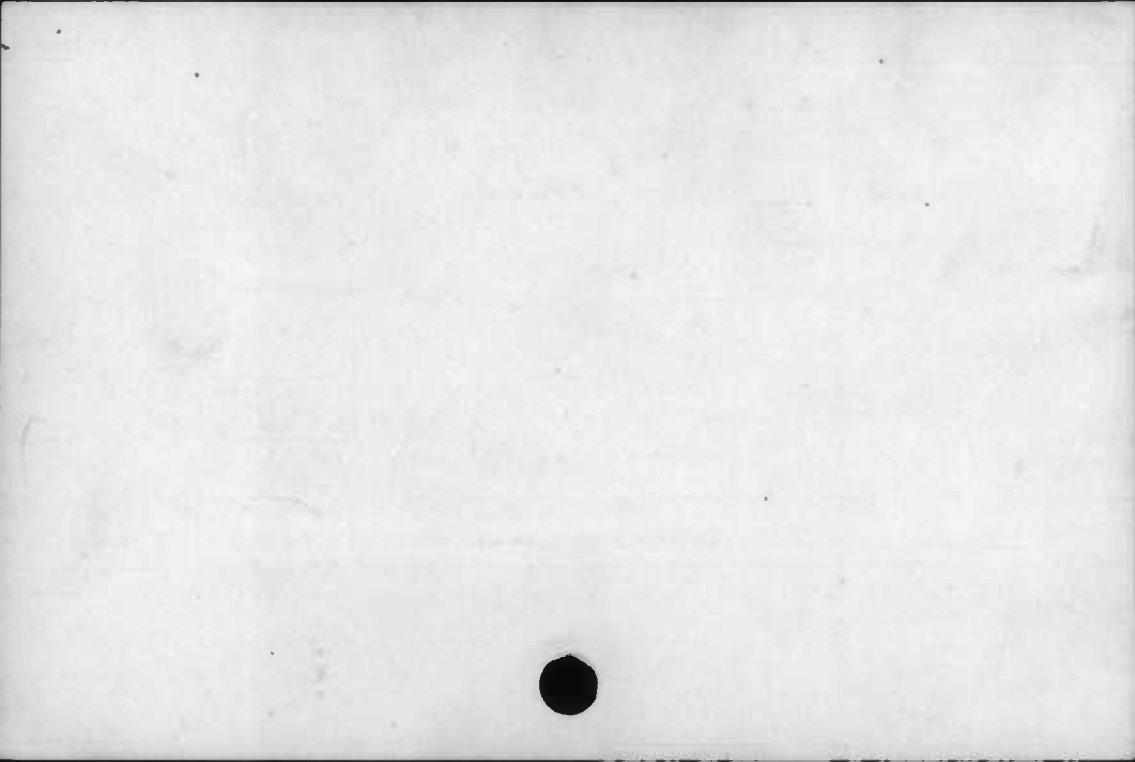
Died at		Town <i>Brownsville</i>		County <i>Worcester</i>		MARYLAND	
Date of death		190	8	Month	9	Day	Age
Sex		Male		Color or Race		White	
Occupation		Retired		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Married		Name of Wife or Husband		Clara Powell	
Father's Name		Josiah Powell		Father's Birthplace		Maryland	
Mother's Maiden Name		Hubbards		Mother's Birthplace		61	
Name of person giving information		H.C. Powell Jr.		How related to deceased		Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>Immediate</i>
Immediate	<i>Sudden Collapse</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. M. Wilson</i>	
Address		<i>Brownsville City</i>	
Accident or Suicide?		No	



Name
in
Full

James F. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

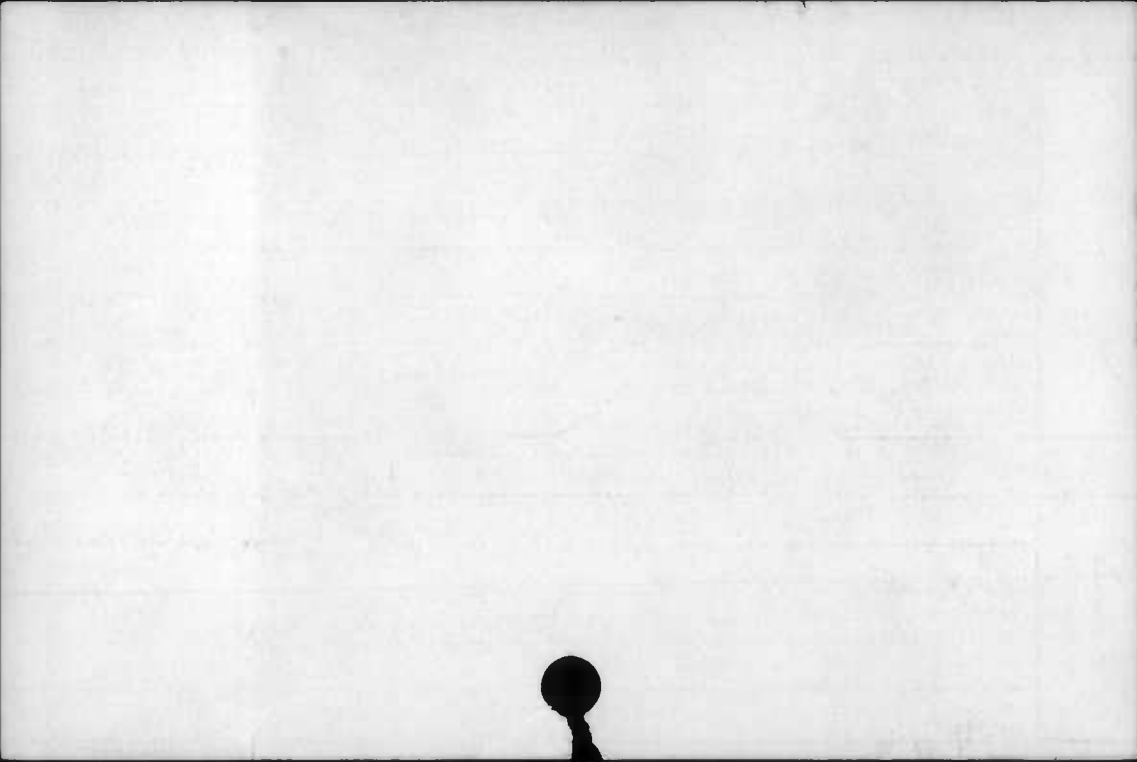
Died at <i>Ocean City</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>62</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Berlin</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Ocean City - Md</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Eliza Coffin</i>				
Father's Name <i>William T. Powell</i>	Father's Birthplace <i>Worcester Co - Md</i>				
Mother's Maiden Name <i>Mary A. Collier</i>	Mother's Birthplace <i>Worcester Co - Md</i>				
Name of person giving information <i>Wm B. S. Powell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<i>Cancer of Stomach</i>		How long	<i>About 2 Years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		Address <i>J. B. Baggett M.D.</i> <i>Ocean City,</i> <i>Maryland</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

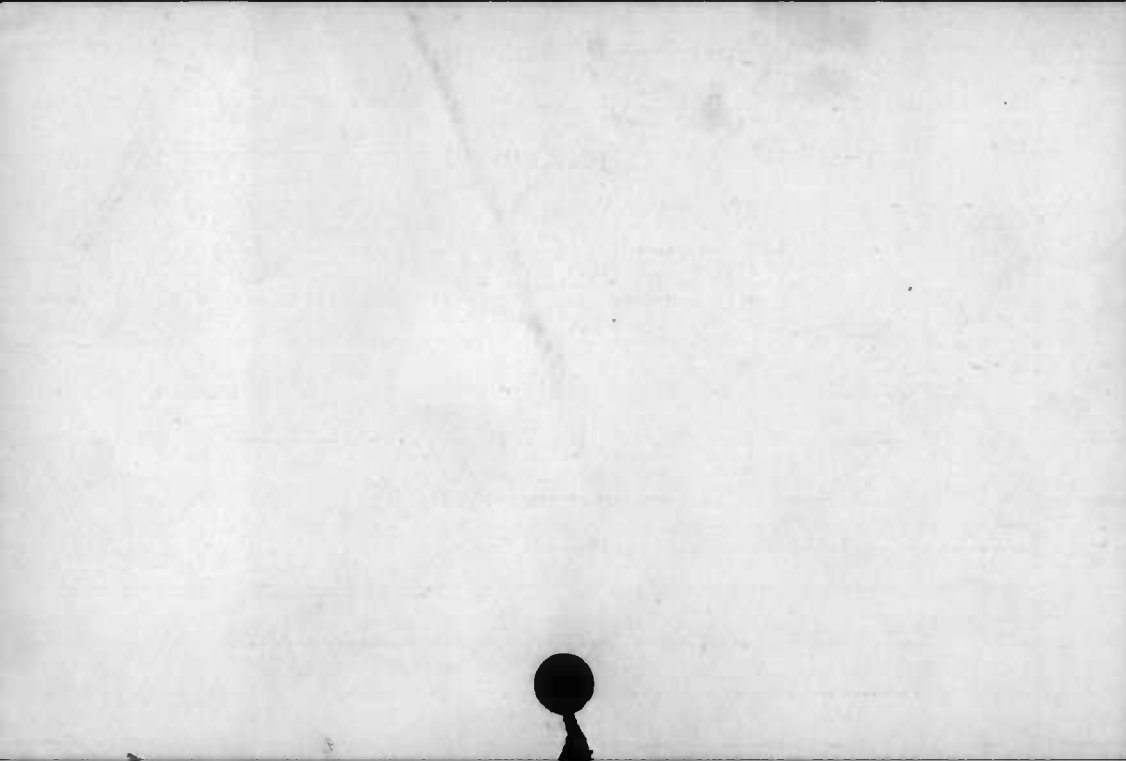
Virginia A. B. Powell		Town		County		MARYLAND	
Died at		Snow Hill		Worcester			
Date of death		1908	Month	Sept.	Day	16	Years
				Age		1	Months
						Days	
Sex		female		Color or Race		white	
Occupation				Birth-place		Ind	
				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Geo Powell		Father's Birthplace		Ind	
Mother's Maiden Name		Cordelia Timmons		Mother's Birthplace		Ind	
Name of person giving information		Geo Powell		How related to deceased		father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Inorganic feeding	How long	1 mo
Immediate	Enteritis with Stomatitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Paul Jones	
Address		Snow Hill	
Accident or Suicide?		no	



Name
in
Full

William T. Sambutan

120

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

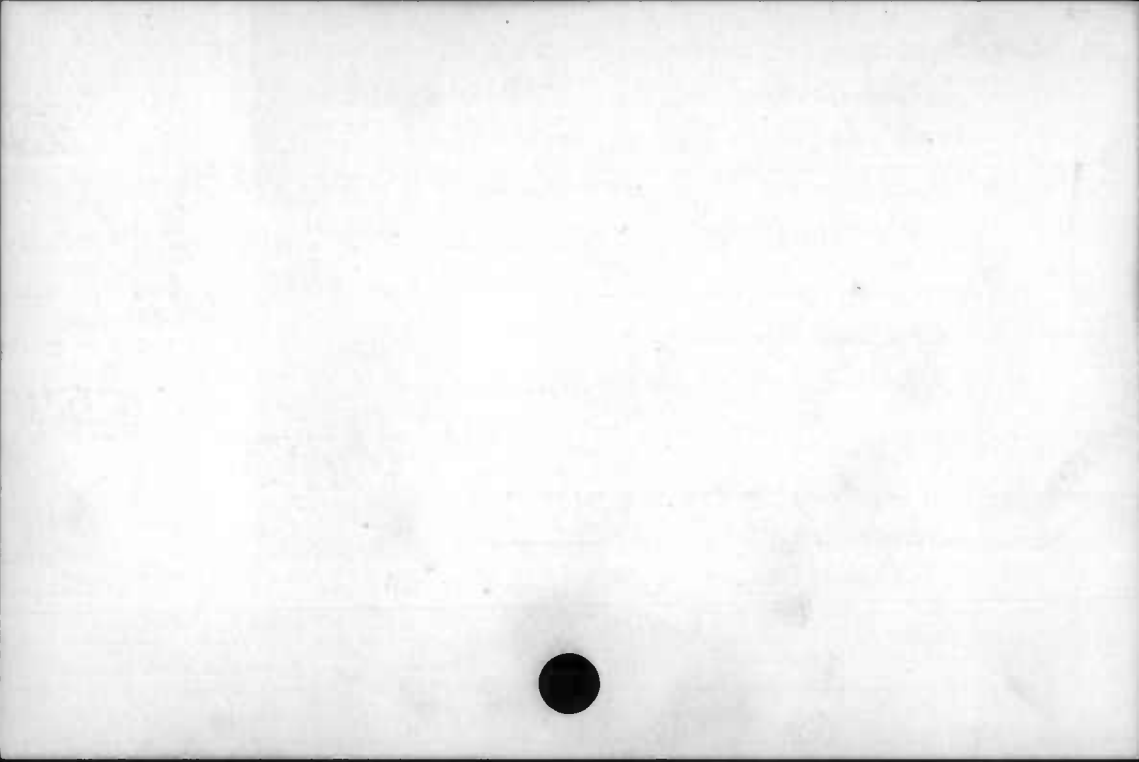
Died at <i>Pomerohe City</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Sept</i> ^{Month}	<i>13</i> ^{Day}	<i>73</i> ^{Years}	<i></i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>May Elizabeth Sambutan</i>		
Father's Name	<i>Sam Sambutan</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Hessie Townsend</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving Information	<i>Charles T. Byrd</i>		How related to deceased	<i>Son in law</i>	

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Severe Bronchitis</i>	How long	<i>5 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 mths</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Wilson</i>
		Address	<i>Pomerohe City</i>
Accident or Suicide?	<i>Yes</i>		



Name
in
Full

Helen Louisa Scherschensky

CERTIFICATE OF DEATH

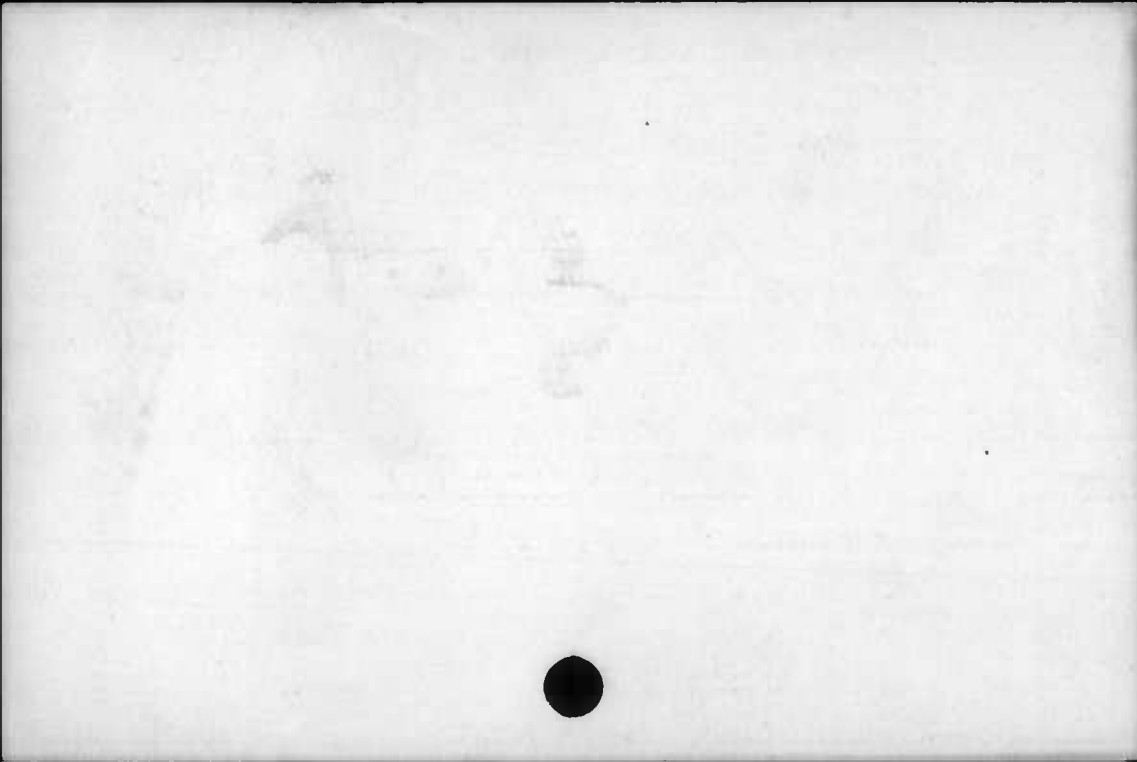
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Towm Ocean City		County Worcester Co		MARYLAND	
Date of death		1908	Month Sept	Day 17	Age Years	Months 10	Days 8
Sex Female		Color or Race White		Birth- place Baltimore			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name J. H. Scherschensky				Father's Birthplace Rhina			
Mother's Maiden Name B. B. Conklin				Mother's Birthplace New York			
Name of person giving In formation Father				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 months.
Immediate	Uterine Colitis	How long	10 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Herbert Harlan, M.D.	
Address		Baltimore, Md.	
Accident or Suicide?			



Name
in
Full

Ananda A. Trader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i>		County <i>Wor.</i>		State MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Near Berlin Md</i>			
Occupation <i>Farm Wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edward, Trader</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Nancy Coston</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Edw. Trader</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>1</i>
Immediate <i>Typhoid Fever</i>	How long <i>14 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Pitts</i>
	Address <i>Berlin, Md</i>
Accident or Suicide <i>No</i>	

